	4		
Billed Entity Name Pima Partnersh	p Charter Schools Contact Name_	Tom Millor	
Billed Entity Number 1605139	Contact Telephone Number	520-791-2711	
	n one Block 2 for EACH Funding Requesse number your pages 2A, 2B, 2C, etc. ar Page 2		
	out each service cited in your Form 471 E	Block 5, Discount Funding Request,	
(FRN) for which you want to take or		Year as listed in Item 3. Block 1	
Remember: The FRNs listed on this form must be for the same Funding Year as listed in Item 3, Block 1. New Start Date: If you wish to change the Funding Year Service Start Date you listed on a previously filed			
Form 486 in this funding year. This acti	어려는 그 보고 있는 사람들은 보면 없었다. 이번 사람들은 사람들은 사람들은 보다 사람들은 사람들은 사람들은 사람들은 사람들은 사람들은 사람들은 사람들은	and the action will not recult in	
more funding but you could combine it v	f you wish to change the ending date for s with a reduction in funding.	services. This action will not result in	
Cancel: If you wish to canc	el a Funding Request Number. Please no		
	action would allow money to be put back	into the Universal	
	e commitment to other applicants. se the amount of your funding commitmen	ot for a particular FRN. This action is	
irrevocable and the FRN can NOT be in	creased later. This action would allow me	oney to be put back into the Universal	
Service fund for possible commitment to	o other applicants.		
The information required can be found in	n your Funding Commitment Decision Le	tter (ECDL) pertaining to the Funding	
Request (FRN) being affected.	your analog communicate Decision Lo	to (1 obe, portaining to the remaining	
To be such that we have been been a first and the section of the s			
To launch the submission of invoices fo	r payment, please file Form 486. TIFICATION OF THE FRN TO BE ADJU	STED	
(A) Form 471 Application Number: 7		SILD	
(B) Funding Request Number: '200 3557			
(C) Billing Account Number: N/A			
(D) Service Provider Name: \ \(\nu\) \	tive Technology		
(E) Service Provider SPIN: 143028632			
ADJUSTMENT TO FRN LISTED ABOVE:			
(F) Service Start Date	Original Date (mm/dd/yyyy):	New Date (mm/dd/yyyy):	
Change Date		5	
(G) Contract Expiration Date	Original Date (mm/dd/yyyy):	New Date (mm/dd/yyyy):	
Change Date	6-30-2011	6-30-2012	
(H) Cancel FRN	Original Commitment Amount:	New Commitment Amount:	
Please Cancel		\$0.00	
(I) Reduce FRN	Original Commitment Amount from FCDL:	New Commitment Amount AFTER Reduction:	
Please Reduce			

	*)		
Billed Entity Name Pima Partner	Ship Charter Shorts Contact Name	Tom Millor	
Billed Entity Number 16051298	Contact Telephone Number	520-791-271	
	one Block 2 for EACH Funding Requester number your pages 2A, 2B, 2C, etc. are Page 2		
5. Provide the following information about each service cited in your Form 471 Block 5, Discount Funding Request, (FRN) for which you want to take one of the following actions: Remember: The FRNs listed on this form must be for the same Funding Year as listed in Item 3, Block 1. New Start Date: If you wish to change the Funding Year Service Start Date you listed on a previously filed Form 486 in this funding year. This action will NOT result in more funding. Contract Expiration Date: If you wish to change the ending date for services. This action will not result in more funding but you could combine it with a reduction in funding. Cancel: If you wish to cancel a Funding Request Number. Please note: This action is irrevocable and the FRN can NOT be reinstated later. This action would allow money to be put back into the Universal Service fund for possible commitment to other applicants. Reduce: If you wish to reduce the amount of your funding commitment for a particular FRN. This action is irrevocable and the FRN can NOT be increased later. This action would allow money to be put back into the Universal Service fund for possible commitment to other applicants. The information required can be found in your Funding Commitment Decision Letter (FCDL) pertaining to the Funding Request (FRN) being affected.			
To launch the submission of invoices fo			
	TIFICATION OF THE FRN TO BE ADJU	STED	
(A) Form 471 Application Number: 7			
(B) Funding Request Number: 200 3565			
(C) Billing Account Number: N/A (D) Service Provider Name: N/A	Networks		
(E) Service Provider SPIN: 14203	3197		
(E) Service Provider SPIN: 143033197			
ADJUSTMENT TO FRN LISTED ABOVE:			
(F) Service Start Date	Original Date (mm/dd/yyyy):	New Date (mm/dd/yyyy):	
Change Date			
(G) Contract Expiration Date	Original Date (mm/dd/yyyy):	New Date (mm/dd/yyyy):	
Change Date	6-30-2011	6-30-2012	
(H) Cancel FRN	Original Commitment Amount:	New Commitment Amount:	
Please Cancel		\$0.00	
(I) Reduce FRN	Original Commitment Amount from FCDL:	New Commitment Amount AFTER Reduction:	
Please Reduce			

Do Not Write I Billed Entity Name Partnership Charter Scheo			
Billed Entity Number 16051398 Contact Telephone Number 520 791 2711			
 Block 3: Certification 7. I certify that I am authorized to submit this form on behalf request, and that, to the best of my knowledge, information true. 8. I understand that the discount level used for shared services most disadvantaged schools and libraries that are treated benefits from those services. 9. I recognize that I may be audited pursuant to this application rely upon to fill in this form. 	on, and belief, all statements of fact contained herein are ices is conditional, for future years, upon ensuring that the das sharing in the services receive an appropriate share of		
10. Signature A Supplies	11. Date 7-12 - 2011		
12. Printed name of authorized person Robert D Rice			
13. Title or position of authorized person			
14. Telephone number of authorized person 248 - 446 - 8125			
15. E-Mail address of authorized person			
16. Address of authorized person	111 110170		

A paper copy of this form, with an authorized signature in Block 3, Item 10 should be mailed to:

SLD Form 500 P. O. Box 7026 Lawrence, Kansas 66044-7026

If sent by express delivery services or U.S. Postal Service, Return Receipt Requested, the form should be mailed to:

SLD-Forms ATTN: SLD Form 500 3833 Greenway Drive Lawrence, Kansas 66046 888-203-8100 FCC Form 500

Do Not Write In This Area

Approval by 3060-0853 Estimated time per response: 1.5 hours

Universal Service for Schools and Libraries Adjustment to Funding Commitment and Modification to Receipt of Service Confirmation Form

Please read instructions before completing.	(To be completed by Schools	s and Libraries or Consortia.)
Applicant's Form Identifier:	Form 500 Application Number:	
(Create your own code to identify THIS Form 500)	(To be assigned by administrat	or.)
Block 1: Applicant Information		
Name of Billed Entity	2. Billed Entity Number	Funding Year
Phoenix Farthership High School	16057025	2010
4. Complete Mailing Address of Billed Entity Applicant		
Street Address, P. O. Box or Route Number Cit	ty State Zi	ip Code
217 - 1 8 1 100 -	N >	ac 711
	1 4	85716
10-Digit Phone Number Fax Telephone Numb		Email Address
520-791-271 520-3210-27	11 tmiller@tlepa	rthorship us
5. Contact Person Information		1
Contact Person Name		
Tom Miller		
Mailing Address		
Street Address, P. O. Box or Route Number Cit	ty State	Zip Code
	ksan AZ	8576
10-Digit Phone Number , Fax Telephone Numl	per , ,	Email Address
520 791 2711 520 326-2	711 tmiller Ptleo	arthership us
FCC NOTICE FOR INDIVIDUALS REQUIRED BY THE PRIVA	CY ACT AND THE PAPERWO	RK REDUCTION ACT

Part 54 of the Commission's Rules authorizes the FCC to collect the information on this form. Failure to provide all requested information will delay the processing of the application or result in the application being returned without action. Information requested by this form will be available for public inspection. Your response is required to obtain the requested authorization.

The public reporting for this collection of information is estimated to range from 1 to 2 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the required data, and completing and reviewing the collection of information. If you have any comments on this burden estimate, or how we can improve the collection and reduce the burden it causes you, please write to the Federal Communications Commission, AMD-PERM, Paperwork Reduction Act Project (3060-0853), Washington, DC 20554. We will also accept your comments regarding the Paperwork Reduction Act aspects of this collection via the Internet if you send them to PRA@fcc.gov. PLEASE DO NOT SEND YOUR RESPONSE TO THIS FORM TO THIS ADDRESS.

Remember - You are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid OMB control number or if we fail to provide you with this notice. This collection has been assigned an OMB control number of 3060-0853.

THE FOREGOING NOTICE IS REQUIRED BY THE PRIVACY ACT OF 1974, PUBLIC LAW 93-579, DECEMBER 31, 1974, 5 U.S.C. 552a(e)(3) AND THE PAPERWORK REDUCTION ACT OF 1995, PUBLIC LAW 104-13, OCTOBER 1, 1995, 44 U.S.C. SECTION 3507.

Billed Entity Name Phospix Partnership High School Contact Name Tom Willor			
Billed Entity Number 1605762	5 Contact Telephone Number	er_520-376-2711	
	n one Block 2 for EACH Funding Requester seems and seems are seen umber your pages 2A, 2B, 2C, etc. Page 2		
 5. Provide the following information about each service cited in your Form 471 Block 5, Discount Funding Request, (FRN) for which you want to take one of the following actions: Remember: The FRNs listed on this form must be for the same Funding Year as listed in Item 3, Block 1. New Start Date: If you wish to change the Funding Year Service Start Date you listed on a previously filed Form 486 in this funding year. This action will NOT result in more funding. Contract Expiration Date: If you wish to change the ending date for services. This action will not result in more funding but you could combine it with a reduction in funding. Cancel: If you wish to cancel a Funding Request Number. Please note: This action is irrevocable and the FRN can NOT be reinstated later. This action would allow money to be put back into the Universal Service fund for possible commitment to other applicants. Reduce: If you wish to reduce the amount of your funding commitment for a particular FRN. This action is irrevocable and the FRN can NOT be increased later. This action would allow money to be put back into the Universal Service fund for possible commitment to other applicants. The information required can be found in your Funding Commitment Decision Letter (FCDL) pertaining to the Funding Request (FRN) being affected. To launch the submission of invoices for payment, please file Form 486. 			
IDENTIFICATION OF THE FRN TO BE ADJUSTED			
(A) Form 471 Application Number: 35 3085			
(B) Funding Request Number: 2034990 (C) Billing Account Number: N/A			
(D) Service Provider Name: JNR Networks			
(E) Service Provider SPIN: 14303			
	ADJUSTMENT TO FRN LISTED ABOV		
(F) Service Start Date Change Date	Original Date (mm/dd/yyyy):	New Date (mm/dd/yyyy):	
(G) Contract Expiration Date	Original Date (mm/dd/yyyy):	New Date (mm/dd/yyyy):	
Change Date	6-30-2011	6-30-2012	
(H) Cancel FRN	Original Commitment Amount:	New Commitment Amount:	
Please Cancel		\$0.00	
(I) Reduce FRN	Original Commitment Amount from FCDL:	New Commitment Amount AFTER Reduction:	
Please Reduce			

Billed Entity Name Phoenix Partners	hip High School Contact Name	Town Miller	
Billed Entity Name Phoenix Partnership High Scincol Contact Name Town Millor Billed Entity Number 16057025 Contact Telephone Number 520-326-2711			
	n one Block 2 for EACH Funding Requise number your pages 2A, 2B, 2C, etc. Page 2		
5. Provide the following information about each service cited in your Form 471 Block 5, Discount Funding Request, (FRN) for which you want to take one of the following actions: Remember: The FRNs listed on this form must be for the same Funding Year as listed in Item 3, Block 1. New Start Date: If you wish to change the Funding Year Service Start Date you listed on a previously filed Form 486 in this funding year. This action will NOT result in more funding. Contract Expiration Date: If you wish to change the ending date for services. This action will not result in more funding but you could combine it with a reduction in funding. Cancel: If you wish to cancel a Funding Request Number. Please note: This action is irrevocable and the FRN can NOT be reinstated later. This action would allow money to be put back into the Universal Service fund for possible commitment to other applicants. Reduce: If you wish to reduce the amount of your funding commitment for a particular FRN. This action is irrevocable and the FRN can NOT be increased later. This action would allow money to be put back into the Universal Service fund for possible commitment to other applicants. The information required can be found in your Funding Commitment Decision Letter (FCDL) pertaining to the Funding Request (FRN) being affected.			
To launch the submission of invoices for payment, please file Form 486.			
IDENTIFICATION OF THE FRN TO BE ADJUSTED			
(A) Form 471 Application Number: 753085			
(B) Funding Request Number: 2035002			
(C) Billing Account Number: N/A	· · · · · · · · · · · · · · · · · · ·		
(D) Service Provider Name: Work	à wide technology		
(E) Service Provider SPIN: 14302	0028		
ADJUSTMENT TO FRN LISTED ABOVE:			
(F) Service Start Date	Original Date (mm/dd/yyyy):	New Date (mm/dd/yyyy):	
Change Date	Original Date (miniodryyyy).	New Date (IIII/Idd/yyyy).	
(G) Contract Expiration Date	Original Date (mm/dd/yyyy):	New Date (mm/dd/yyyy):	
Change Date	4-30-2011	6-30-2012	
(H) Cancel FRN	Original Commitment Amount:	New Commitment Amount:	
Please Cancel		\$0.00	
(I) Reduce FRN	Original Commitment Amount from FCDL:	New Commitment Amount AFTER Reduction:	
Please Reduce			

Billed Entity Name Phoenix Parthership High School Contact Name Ton Millor			
Billed Entity Number 16057025 Contact Telephone Number 570-326-2711			
Block 2: Services Adjustment: Fill in submitting more than one Block 2, pleas provided here:			
5. Provide the following information about each service cited in your Form 471 Block 5, Discount Funding Request, (FRN) for which you want to take one of the following actions: Remember: The FRNs listed on this form must be for the same Funding Year as listed in Item 3, Block 1. New Start Date: If you wish to change the Funding Year Service Start Date you listed on a previously filed Form 486 in this funding year. This action will NOT result in more funding. Contract Expiration Date: If you wish to change the ending date for services. This action will not result in more funding but you could combine it with a reduction in funding. Cancel: If you wish to cancel a Funding Request Number. Please note: This action is irrevocable and the FRN can NOT be reinstated later. This action would allow money to be put back into the Universal Service fund for possible commitment to other applicants. Reduce: If you wish to reduce the amount of your funding commitment for a particular FRN. This action is irrevocable and the FRN can NOT be increased later. This action would allow money to be put back into the Universal Service fund for possible commitment to other applicants. The information required can be found in your Funding Commitment Decision Letter (FCDL) pertaining to the Funding Request (FRN) being affected.			
To launch the submission of invoices fo	r payment, please file Form 486.		
IDENTIFICATION OF THE FRN TO BE ADJUSTED			
(A) Form 471 Application Number: 753 685			
(B) Funding Request Number: 2035635			
(C) Billing Account Number: N/A			
(D) Service Provider Name: 1N/2			
(E) Service Provider SPIN: 14302			
	1		
	ADJUSTMENT TO FRN LISTED ABOV	E:	
(F) Service Start Date	Original Date (mm/dd/yyyy):	New Date (mm/dd/yyyy):	
Change Date			
(G) Contract Expiration Date	Original Date (mm/dd/yyyy):	New Date (mm/dd/yyyy):	
Change Date	4-30-2011	6-30-2012	
(H) Cancel FRN	Original Commitment Amount:	New Commitment Amount:	
Please Cancel		\$0.00	
(I) Reduce FRN	Original Commitment Amount from FCDL:	New Commitment Amount AFTER Reduction:	
Please Reduce	FODE.	reduction.	

*			
Billed Entity Name Proprix Partners	wip High School Contact Name	Tom Miller	
Billed Entity Number 1605702	Contact Telephone Number	520-326-271	
Block 2: Services Adjustment: Fill in submitting more than one Block 2, pleas provided here:			
5. Provide the following information about each service cited in your Form 471 Block 5, Discount Funding Request, (FRN) for which you want to take one of the following actions: Remember: The FRNs listed on this form must be for the same Funding Year as listed in Item 3, Block 1. New Start Date: If you wish to change the Funding Year Service Start Date you listed on a previously filed Form 486 in this funding year. This action will NOT result in more funding. Contract Expiration Date: If you wish to change the ending date for services. This action will not result in more funding but you could combine it with a reduction in funding. Cancel: If you wish to cancel a Funding Request Number. Please note: This action is irrevocable and the FRN can NOT be reinstated later. This action would allow money to be put back into the Universal Service fund for possible commitment to other applicants. Reduce: If you wish to reduce the amount of your funding commitment for a particular FRN. This action is irrevocable and the FRN can NOT be increased later. This action would allow money to be put back into the Universal Service fund for possible commitment to other applicants. The information required can be found in your Funding Commitment Decision Letter (FCDL) pertaining to the Funding Request (FRN) being affected.			
To launch the submission of invoices for payment, please file Form 486.			
IDENTIFICATION OF THE FRN TO BE ADJUSTED			
(A) Form 471 Application Number: 75 3085			
(B) Funding Request Number: 2035020 (C) Billing Account Number: N/A			
(D) Service Provider Name: \ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	Networks		
(E) Service Provider SPIN: 14353			
	31.1.		
ADJUSTMENT TO FRN LISTED ABOVE:			
(F) Service Start Date	Original Date (mm/dd/yyyy):	New Date (mm/dd/yyyy):	
Change Date			
(G) Contract Expiration Date	Original Date (mm/dd/yyyy):	New Date (mm/dd/yyyy):	
Change Date	6-30-2011	Ce - 30-2012.	
(H) Cancel FRN	Original Commitment Amount:	New Commitment Amount:	
Please Cancel		\$0.00	
(I) Reduce FRN	Original Commitment Amount from FCDL:	New Commitment Amount AFTER Reduction:	
Please Reduce			

Billed Entity Name Proenix Partnership High School Contact Name Town Willer			
Billed Entity Number 16057025 Contact Telephone Number 520-791-2711			
Block 2: Services Adjustment: Fill in submitting more than one Block 2, pleas provided here:			
5. Provide the following information about each service cited in your Form 471 Block 5, Discount Funding Request, (FRN) for which you want to take one of the following actions: Remember: The FRNs listed on this form must be for the same Funding Year as listed in Item 3, Block 1. New Start Date: If you wish to change the Funding Year Service Start Date you listed on a previously filed Form 486 in this funding year. This action will NOT result in more funding. Contract Expiration Date: If you wish to change the ending date for services. This action will not result in more funding but you could combine it with a reduction in funding. Cancel: If you wish to cancel a Funding Request Number. Please note: This action is irrevocable and the FRN can NOT be reinstated later. This action would allow money to be put back into the Universal Service fund for possible commitment to other applicants. Reduce: If you wish to reduce the amount of your funding commitment for a particular FRN. This action is irrevocable and the FRN can NOT be increased later. This action would allow money to be put back into the Universal Service fund for possible commitment to other applicants. The information required can be found in your Funding Commitment Decision Letter (FCDL) pertaining to the Funding Request (FRN) being affected.			
To launch the submission of invoices for payment, please file Form 486.			
IDENTIFICATION OF THE FRN TO BE ADJUSTED			
(A) Form 471 Application Number: 753085			
(B) Funding Request Number: 2035048 (C) Billing Account Number: N/A			
(D) Service Provider Name: \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	Hule Test isoloni		
(E) Service Provider SPIN: 14302	81037		
	ADJUSTMENT TO FRN LISTED ABOVE		
(F) Service Start Date	Original Date (mm/dd/yyyy):	New Date (mm/dd/yyyy):	
Change Date			
(G) Contract Expiration Date	Original Date (mm/dd/yyyy):	New Date (mm/dd/yyyy):	
Change Date	6-30-2011	6-30-2017	
(H) Cancel FRN	Original Commitment Amount:	New Commitment Amount:	
Please Cancel	e e	\$0.00	
(I) Reduce FRN	Original Commitment Amount from FCDL:	New Commitment Amount AFTER Reduction:	
Please Reduce			

Do Not Write In	This Area		
Billed Entity Name Pharmix Parthurship High Schrocontact Name Tom Miller Billed Entity Number 16057025 Contact Telephone Number 520-791-271			
 Block 3: Certification 7. I certify that I am authorized to submit this form on behalf of the above-named billed entity, that I have examined this request, and that, to the best of my knowledge, information, and belief, all statements of fact contained herein are true. 8. I understand that the discount level used for shared services is conditional, for future years, upon ensuring that the most disadvantaged schools and libraries that are treated as sharing in the services receive an appropriate share of benefits from those services. 9. I recognize that I may be audited pursuant to this application and will retain for five years any and all records that I 			
rely upon to fill in this form. 10. Signature A A Rice	11. Date 6-29-2011		
12. Printed name of authorized person Robert D. Rice 13. Title or position of authorized person President			
14. Telephone number of authorized person 248 - 446 - 8125 15. E-Mail address of authorized person			
16. Address of authorized person P. G. ROX 3.07 South L.	100 MI 48178		

A paper copy of this form, with an authorized signature in Block 3, Item 10 should be mailed to:

SLD Form 500 P. O. Box 7026 Lawrence, Kansas 66044-7026

If sent by express delivery services or U.S. Postal Service, Return Receipt Requested, the form should be mailed to:

SLD-Forms ATTN: SLD Form 500 3833 Greenway Drive Lawrence, Kansas 66046 888-203-8100

EXHIBIT C

From:

Sent: Monday, October 31, 2011 7:14 AM

To:

Subject: FRN#2003540/FY12-PPHS-010

Good morning,

I am reaching out to you for assistance on the subject PO. I have two invoices that have come back unpaid from USAC for the following reason, "Billed Date After Contract Expiration Date; 224; Billed Date Outside of Funding Year; 285;"

I have tried submitting it under the subject PO and I have also tried submitting it under FRN #2003569 and still received the same response as above. Should I have used a different PO # with the other FRN#? Please advise.

Contract date extended previously w/Form 500

Thanks,



World Wide Technology, Inc. Federal Accounts Receivables Phone (314) 569 - 7056 Faxpress (314) 301 - 2727 International 001 314 569 7056





EXHIBIT D

Robert D. Rice Triple R Consultants P.O. Box 302 South Lyon, MI 48178 bob@triple-r.us

November 21, 2011

Service Delivery Deadline Extension Request Schools and Libraries Division - Correspondence Unit 30 Lanidex Plaza West PO Box 685 Parsippany, NJ 07054-0685

FAX: 973.599.6526

RE: Service Delivery Deadline Extension Request

District Name: Pima Partnership Charter Schools District BEN: 16051398

Contact Person: Tom Miller

Contact Person Telephone: 520-791-2711

Contact Person Email: tmiller@thepartnership.us

Form 471 Number: 741910

FRN: 2003525, 2003548, 2003565

Service Provider: JNR Networks LLC

SPIN: 143033197

Invoice Amount 2003525: \$12,735.00 Invoice Amount 2003548: \$15,346.80 Invoice Amount 2003565: \$15,165.00

To Whom It May Concern:

I, Robert D. Rice, President, Triple R Consultants, and on behalf of Pima Partnership Charter Schools, request an service delivery deadline extension for the following allowable reason: The applicant requested an extension because the service provider was unable to complete delivery and installation for reasons beyond the service provider's control..

Respectfully,

November 21, 2011

Service Delivery Deadline Extension Request Schools and Libraries Division - Correspondence Unit 30 Lanidex Plaza West PO Box 685 Parsippany, NJ 07054-0685

FAX: 973.599.6526

RE: Service Delivery Deadline Extension Request

District Name: Pima Partnership Charter Schools District BEN: 16051398

Contact Person: Tom Miller

Contact Person Telephone: 520-791-2711

Contact Person Email: tmiller@thepartnership.us

Form 471 Number: 741910

FRN: 2003540

Service Provider: World Wide Technology, Inc.

SPIN: 143020028

Invoice Amount: \$101,806.40

To Whom It May Concern:

I, Robert D. Rice, President, Triple R Consultants, and on behalf of Pima Partnership Charter Schools, request an service delivery deadline extension for the following allowable reason: The applicant requested an extension because the service provider was unable to complete delivery and installation for reasons beyond the service provider's control..

Respectfully,

Robert D. Rice Triple R Consultants

Robots Ris

November 21, 2011

Service Delivery Deadline Extension Request Schools and Libraries Division - Correspondence Unit 30 Lanidex Plaza West PO Box 685 Parsippany, NJ 07054-0685

FAX: 973.599.6526

RE: Service Delivery Deadline Extension Request

District Name: Pima Partnership Charter Schools District BEN: 16051398

Contact Person: Tom Miller

Contact Person Telephone: 520-791-2711

Contact Person Email: tmiller@thepartnership.us

Form 471 Number: 741910

FRN: 2003557

Service Provider: Inventive Technology, Inc.

SPIN: 143028632

Invoice Amount: \$190,019.00

To Whom It May Concern:

I, Robert D. Rice, President, Triple R Consultants, and on behalf of Pima Partnership Charter Schools, request an service delivery deadline extension for the following allowable reason: The applicant requested an extension because the service provider was unable to complete delivery and installation for reasons beyond the service provider's control..

Respectfully,

Robert D. Rice Triple R Consultants

dets Ris

November 21, 2011

Service Delivery Deadline Extension Request Schools and Libraries Division - Correspondence Unit 30 Lanidex Plaza West PO Box 685 Parsippany, NJ 07054-0685

FAX: 973.599.6526

RE: Service Delivery Deadline Extension Request

District Name: Phoenix Partnership High School District BEN: 16057025

Contact Person: Tom Miller

Contact Person Telephone: 520-791-2711

Contact Person Email: tmiller@thepartnership.us

Form 471 Number: 753085

FRN: 2035002

Service Provider: World Wide Technology, Inc.

SPIN: 143020028

Invoice Amount: \$124,766.40

To Whom It May Concern:

I, Robert D. Rice, President, Triple R Consultants, and on behalf Phoenix Partnership High School, request an service delivery deadline extension for the following allowable reason: The applicant requested an extension because the service provider was unable to complete delivery and installation for reasons beyond the service provider's control..

Respectfully,

Robert D. Rice Triple R Consultants

Rod ots Ris

November 21, 2011

Service Delivery Deadline Extension Request Schools and Libraries Division - Correspondence Unit 30 Lanidex Plaza West PO Box 685 Parsippany, NJ 07054-0685

FAX: 973.599.6526

RE: Service Delivery Deadline Extension Request

District Name: Phoenix Partnership High School District BEN: 16057025

Contact Person: Tom Miller

Contact Person Telephone: 520-791-2711

Contact Person Email: tmiller@thepartnership.us

Form 471 Number: 753085

FRN: 2035048

Service Provider: Inventive Technology, Inc.

SPIN: 143028632

Invoice Amount: \$127,851.00

To Whom It May Concern:

I, Robert D. Rice, President, Triple R Consultants, and on behalf Phoenix Partnership High School, request an service delivery deadline extension for the following allowable reason: The applicant requested an extension because the service provider was unable to complete delivery and installation for reasons beyond the service provider's control..

Respectfully,

Robert D. Rice Triple R Consultants

In do Ris

EXHIBIT E

From

Sent: Wednesday, November 30, 2011 11:21 AM To: bob@triple-r.us; Robert Rice@1-248-446-8125

Subject: Deadline Extension request for PIMA PARTNERSHIP CHARTER SCHOOLS FRN 2003540 & FRN

2003557, 471# 741910 Importance: High

To: Robert Rice

Please note that your Service Deadline Extension for Case# 22-295470, dated 11/21/2011 for Form 471# 741910, FRN: 2003540 did not have the attached Service Deadline Extension Request letter.

Also for your Service Deadline Extension for Case# 22-295471, dated 11/21/2011 for Form 471# 741910, FRN: 2003557 did not have the attached Service Deadline Extension Reguest letter.

Please provide me with your Service Deadline Extension letter for the above FRNs with the reason for the extension request.

Thank you for your cooperation and continued support of the Universal Service Program.

Sincerely,

Associate Manager, SLD Invoicing 30 Lanidex Plaza West | Parsippany, NJ 07054 T: 973.581.5263 | F: 973.599.6582

salservice.org

November 30, 2011

Service Delivery Deadline Extension Request Schools and Libraries Division - Correspondence Unit 30 Lanidex Plaza West PO Box 685 Parsippany, NJ 07054-0685

FAX: 973.599.6526

RE: Service Delivery Deadline Extension Request

District Name: Pima Partnership Charter Schools District BEN: 16051398

Contact Person: Tom Miller

Contact Person Telephone: 520-791-2711

Contact Person Email: tmiller@thepartnership.us

Form 471 Number: 741910

FRN: 2003540

Service Provider: World Wide Technology, Inc.

SPIN: 143020028

Invoice Amount: \$101,806.40

To Whom It May Concern:

I, Robert D. Rice, President, Triple R Consultants, and on behalf of Pima Partnership Charter Schools, request an service delivery deadline extension for the following allowable reason: The applicant requested an extension because the service provider was unable to complete delivery and installation for reasons beyond the service provider's control..

Respectfully,

November 30, 2011

Service Delivery Deadline Extension Request Schools and Libraries Division - Correspondence Unit 30 Lanidex Plaza West PO Box 685 Parsippany, NJ 07054-0685

FAX: 973.599.6526

RE: Service Delivery Deadline Extension Request

District Name: Pima Partnership Charter Schools District BEN: 16051398

Contact Person: Tom Miller

Contact Person Telephone: 520-791-2711

Contact Person Email: tmiller@thepartnership.us

Form 471 Number: 741910

FRN: 2003557

Service Provider: Inventive Technology, Inc.

SPIN: 143028632

Invoice Amount: \$190,019.00

To Whom It May Concern:

I, Robert D. Rice, President, Triple R Consultants, and on behalf of Pima Partnership Charter Schools, request an service delivery deadline extension for the following allowable reason: The applicant requested an extension because the service provider was unable to complete delivery and installation for reasons beyond the service provider's control..

Respectfully,

Robert D. Rice Triple R Consultants

dets Ris

From

Sent: Wednesday, November 30, 2011 1:29 PM To: bob@triple-r.us; Robert Rice@1-248-446-8125

Subject: Deadline Extension request for PHOENIX PARTNERSHIP HIGH SCHOOL FRN 2035048, 2035002

471# 753085

Importance: High

To: Robert Rice

Please note your Service Deadline Extension for Case# 22-295474, dated 11/21/2011 for Form 471# 753085, FRN: 2035048 did not have the attached Service Deadline Extension Reguest letter.

And your Service Deadline Extension for Case# 22-295476, dated 11/21/2011 for Form 471# 753085, FRN: 2035002 did not have the attached Service Deadline Extension Request letter.

Please provide me with your Service Deadline Extension letter for the above FRNs with the reason for the extension request.

Thank you for your cooperation and continued support of the Universal Service Program.

Sincerely,

Associate Manager, SLD Invoicing 30 Lanidex Plaza West | Parsippany, NJ 07054 T: 973.581.5263 | F: 973.599.6582 .universalservice.org

November 30, 2011

Service Delivery Deadline Extension Request Schools and Libraries Division - Correspondence Unit 30 Lanidex Plaza West PO Box 685 Parsippany, NJ 07054-0685

FAX: 973.599.6526

RE: Service Delivery Deadline Extension Request

District Name: Phoenix Partnership High School District BEN: 16057025

Contact Person: Tom Miller

Contact Person Telephone: 520-791-2711

Contact Person Email: tmiller@thepartnership.us

Form 471 Number: 753085

FRN: 2035048

Service Provider: Inventive Technology, Inc.

SPIN: 143028632

Invoice Amount: \$127,851.00

To Whom It May Concern:

I, Robert D. Rice, President, Triple R Consultants, and on behalf Phoenix Partnership High School, request an service delivery deadline extension for the following allowable reason: The applicant requested an extension because the service provider was unable to complete delivery and installation for reasons beyond the service provider's control..

Respectfully,

November 30, 2011

Service Delivery Deadline Extension Request Schools and Libraries Division - Correspondence Unit 30 Lanidex Plaza West PO Box 685 Parsippany, NJ 07054-0685

FAX: 973.599.6526

RE: Service Delivery Deadline Extension Request

District Name: Phoenix Partnership High School District BEN: 16057025

Contact Person: Tom Miller

Contact Person Telephone: 520-791-2711

Contact Person Email: tmiller@thepartnership.us

Form 471 Number: 753085

FRN: 2035002

Service Provider: World Wide Technology, Inc.

SPIN: 143020028

Invoice Amount: \$124,766.40

To Whom It May Concern:

I, Robert D. Rice, President, Triple R Consultants, and on behalf Phoenix Partnership High School, request an service delivery deadline extension for the following allowable reason: The applicant requested an extension because the service provider was unable to complete delivery and installation for reasons beyond the service provider's control..

Respectfully,

From

Sent: Wednesday, November 30, 2011 2:27 PM To: Robert Rice@1-248-446-8125; bob@triple-r.us

Subject: Deadline Extension request for PIMA PARTNERSHIP CHARTER SCHOOLS FRN 2003525, 471#

741910

To: Robert Rice

Please note that your Service Deadline Extension for Case# 22-295538, dated 11/21/2011 for Form 471# 741910, FRN: 2003540 did not have the attached Service Deadline Extension Request letter.

Also for your Service Deadline Extension for Case# 22-295541, dated 11/21/2011 for Form 471# 741910, FRN: 2003565 did not have the attached Service Deadline Extension Request letter.

Please provide me with your Service Deadline Extension letter for the above FRNs with the reason for the extension request.

Thank you for your cooperation and continued support of the Universal Service Program.

Sincerely,

Associate Manager, SLD Invoicing 30 Lanidex Plaza West | Parsippany, NJ 07054 T: 973.581.5263 | F: 973.599.6582

From \$

Sent: Wednesday, November 30, 2011 2:29 PM To: Robert Rice@1-248-446-8125; bob@triple-r.us

Subject: Deadline Extension request for PIMA PARTNERSHIP CHARTER SCHOOLS FRN 2003450,

2003565 471# 741910

This is the correct email for FRNs 2003450, 2003565.

To: Robert Rice

Please note that your Service Deadline Extension for Case# 22-295538, dated 11/21/2011 for Form 471# 741910, FRN: 2003540 did not have the attached Service Deadline Extension Request letter.

Also for your Service Deadline Extension for Case# 22-295541, dated 11/21/2011 for Form 471# 741910, FRN: 2003565 did not have the attached Service Deadline Extension Request letter.

Please provide me with your Service Deadline Extension letter for the above FRNs with the reason for the extension request.

Thank you for your cooperation and continued support of the Universal Service Program.

Sincerely,

Associate Manager, SLD Invoicing

30 Lanidex Plaza West | Parsippany, NJ 07054

T: 973.581.5263 | F: 973.599.6582

From

Sent: Wednesday, November 30, 2011 2:46 PM
To: Robert Rice@1-248-446-8125: bob@triple-r.us

Subject: Deadline Extension request for PIMA PARTNERSHIP CHARTER SCHOOLS FRN 2003525,

2003565 471# 741910

So Sorry. I did not have the correct FRNs. Corrected FRN 2003450 to FRN 2003525.

This is the correct email for FRNs 2003525, 2003565.

To: Robert Rice

Please note that your Service Deadline Extension for Case# 22-295538, dated 11/21/2011 for Form 471# 741910, FRN: 2003525 did not have the attached Service Deadline Extension Request letter.

Also for your Service Deadline Extension for Case# 22-295541, dated 11/21/2011 for Form 471# 741910, FRN: 2003565 did not have the attached Service Deadline Extension Request letter.

Please provide me with your Service Deadline Extension letter for the above FRNs with the reason for the extension request.

Thank you for your cooperation and continued support of the Universal Service Program.

Sincerely,

Associate Manager, SLD Invoicing

30 Lanidex Plaza West | Parsippany, NJ 07054

T- 973 581 5263 | F: 973.599.6582

niversalservice.org